



TITLE V SEMI-ANNUAL MONITORING REPORTING FORM

This form may be submitted to report all deviations from the conditions in a Virginia DEQ Title V Permit. All Prompt Deviation Reports and/or any supporting information should be submitted as an attachment and listed below.

To: _____ **Regional Office, Regional Director** Date: _____

Source Name: _____ Registration Number: _____

Source Address: _____ City: _____ State: _____ Zip: _____

This report satisfies our requirement for the **Title V Semi-Annual Monitoring Report (SAMR)**. This report identifies all deviations and periods of non-compliance for the reporting period indicated. All deviations and periods of non-compliance, for the reporting period indicated, have been addressed in this Semi-Annual Monitoring Report.

Please contact the following individual with questions or concerns regarding this report.

Name: _____ Title: _____ Phone: _____ Ext.: _____

(Each Field Below Must be Completed and the Appropriate Box Must be Checked)

Reporting Period Dates: _____ through _____ Title V Permit Effective Date: _____

- ☐ 1. During the reporting period, ALL monitoring and associated record keeping requirements in the Title V Permit were met and no deviations from these requirements or any other conditions occurred.
- ☐ 2. During the reporting period, all monitoring and associated recordkeeping requirements in the Title V Permit were met and no deviations from these requirements or any other terms or conditions occurred, EXCEPT for the deviations identified below:
- ☐ A. Deviations were addressed in **CEM Excess Emission Report(s)** Dated: _____
 - ☐ B. Deviations were addressed in **Fuel Reports** Dated: _____
 - ☐ C. Deviations were addressed in **MACT Reports** Dated: _____
 - ☐ D. Deviations were addressed in **Malfunction Reports** Dated: _____
 - ☐ E. Deviations were addressed in **Prompt Deviation Reports** Dated: _____
 - ☐ F. "Other Deviations," which were not previously reported, are described in the **Attachment(s)** to this report.

Comments: _____

Attachments: _____

Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Responsible Official: _____ Title: _____

(Signature)

(Date)